



STANDARD LOAN APPLICATION

All loan applicants must:

- Live in Northeast Ohio.
- Have an income with the ability to repay the loan on a monthly basis.
- Lack the ability to obtain the needed funds from a conventional lender like a bank or credit union.
- If married, apply with spouse/partner as co-applicant. A co-applicant may also be appropriate in other situations.
- Apply with a guarantor. A guarantor will be legally liable for the full amount of the loan. Please see the guarantor application for requirements.

Other important things to know:

- ❖ Credit will be checked for all applicants, co-applicants, and guarantors with an emphasis on payment history, not a three digit score.
- ❖ The maximum loan amount is \$10,000
- ❖ Upon approval, all checks are made payable directly to creditors (source of need) and not individuals (borrowers).

The entire application must be completed as thoroughly as possible, so please take your time! In addition to this application, we also require some supporting documents. Please use the following as a checklist when preparing your application:

Required Documents for Applicant & Co-Applicant	Included
Denial letter from bank or other conventional lender	
Proof of current income – most recent paystubs (2) or award letter	
Most recent bank statement (all pages)	
Most recent 1040 (first two pages) or tax transcript. W-2 will not be accepted	
Copies of bills/invoices to be paid by the loan (indicate the amount owed/needed)	
Application and supporting documents for guarantor	
A letter of explanation for the loan request-refer to next page	

Completed applications (along with supporting documents and guarantor application and supporting documents) may be submitted through email, fax, or in person at our office. See our contact information below.

23300 Chagrin Boulevard Suite 204, Beachwood, Ohio 44122
 Tel: 216-378-9042 Fax: 216-378-9007
team@interestfree.org www.interestfree.org

LETTER OF EXPLANATION

Like every interest free loan applicant before you, you are experiencing some type of financial burden. This is stressful for most people. The good thing is that you are taking a serious step toward solving whatever hardship you are facing. The purpose of this letter is to help us understand your situation. As a relationship lender, we care about your personal story when considering your application. Further, the overall benefits of this type of writing are tremendous. You can write on this page or a separate piece of paper. If you are inclined to write extensively, please do so-even if it's just for yourself! If you need to do this verbally, just let us know.

The following prompts are to help you get started. You can answer some or all of them, but make sure to include your relevant past, what you're experiencing in the present, and what you want for your future as it relates to your current situation and personal and financial well-being.

1. What is the purpose of this loan request? What about this situation was out of your control? What was in your control? What information did you have or not have? How would you describe your financial life to this point?
2. What are you feeling right now? What are your strengths that you can draw upon? What resources, or people are available to give you a hand?
3. What are your hopes for your financial future? How will this loan help you get there? What is your plan to get there?



Standard Loan Application

Amount Requested: \$ _____ Need for loan: _____ How did you learn about us: _____

Last Name _____ First _____ Date of Birth(MM/DD/YYYY) _____ Social Security # _____

Previous Name(s) if Applicable _____

Phone #(s) _____ Email _____ Best way and time to reach you _____

Address _____ City _____ Postal (Zip) Code _____ # Years at address _____ # Years in Ohio _____

Previous Address _____ City _____ Postal (Zip) Code _____ # Years at address _____

Current Employer _____ Occupation/Title _____ Employer Phone # _____ # Years at job _____

Employer Address _____

Co-applicant/Spouse/Partner's Last name _____ First _____ Date of Birth(MM/DD/YYYY) _____ Social Security # _____

Co-applicant/Spouse/Partner's Previous Name(s) if Applicable _____

Co-applicant/Spouse/Partner's Phone #(s) _____ Email _____ Best way and time to reach you _____

Co-applicant Address (if different from other applicant) _____ City _____ Postal (Zip) Code _____ # Years at address _____ # Years in Ohio _____

Co-applicant/Spouse Partner's Current Employer _____ Occupation/Title _____ Employer Phone # _____ # Years at job _____

Employer Address _____

Marital Status: Single Married Divorced Separated Widow/Widower Spouse/partner
 Household Type: 2 Parent Household Single Parent Household Single Adult 2 or more adults (no dependents in home)
 Dependents (*write-in age*) _____
 Gender: Female Male Nonbinary/Gender nonconforming Other: _____
 Co-applicant/Spouse/Partner: Female Male Nonbinary/Gender nonconforming Other: _____
 *Race/Ethnicity: _____ Co-applicant/Spouse/Partner: _____
 *Religion: _____ Co-applicant/Spouse/Partner: _____

***This data is optional, but it helps ensure that we are serving ALL communities in Northeast Ohio.**

HOUSEHOLD BUDGET

MONTHLY INCOME	BORROWER	CO/SPOUSE/PARTNER
Salary / Commission	\$	\$
Soc Sec / Disability / Workers Comp	\$	\$
Retirement / Pension Benefits	\$	\$
Child Support / Alimony	\$	\$
Other Income	\$	\$
TOTAL MONTHLY HOUSEHOLD INCOME	\$	Gross Net

Housing Expenses

Rent/Mortgage		
2nd Mortgage/Home Equity Loan		
Property Taxes (if not included in mortgage)		
Homeowner's Insurance (if not included in mtg.)		
Homeowner's Association Fees		
Utilities (electric, gas, water, sewer)		
Cell Phone/Home Phone		
Internet/Cable		

Personal Expenses

Food (Groceries)		
Toiletries/Clothing		
Pet Care		
Recurring donations/tithes		

Transportation

Car Payment		
Gasoline		
Public Transportation		

Insurance

Auto Insurance		
Healthcare Premium (if not taken out of pay)		
Life Insurance		

Medical

Prescriptions		
Medical/Dental Bill Pymt. Plan		

Childcare

Daycare/Babysitter (monthly)		
Before/Aftercare (monthly)		

Educational Expenses

Tuition		
School Supplies		
Extra curricular lessons (swim, dance, sports...)		

Debts

Total minimum monthly credit card payments		
Total minimum monthly student loan payments		
Total minimum monthly personal loan payments		
Other		

Taxes

Income Taxes		
Business Taxes/Addtl Real Estate Taxes (ex: rental prop.)		

For Office Use:

Monthly Net Income	
Monthly Expenses	
Proposed HFLA Payment	
Remainder	



HFLA FINANCIAL QUESTIONNAIRE

TAX ISSUES

Do you or your spouse/partner have any un-filed tax returns? Yes No If Yes, please explain below

Do you or your spouse/partner owe any amounts for taxes? Yes No If Yes, for which year(s)? _____

Amount(s) owed: \$ _____ Have you established a payment plan? Yes No

Please explain: _____

LEGAL ISSUES

Are you or your spouse/partner being sued by anyone? Yes No If Yes, please explain below

Amount: \$ _____ Reason: _____

Are you in the process of or planning to file for divorce? Yes No

Please explain: _____

BANKRUPTCY FILING

Have you or your spouse filed for bankruptcy in the past? Yes No

If Yes, Type of Bankruptcy Filed: _____ Year Filed: _____

Are you or your spouse/partner in the process of or planning to file for bankruptcy? Yes No

Please explain: _____

Did you apply to a bank or another source for a loan? Yes No If no, please explain why _____

Do you have any payday loans outstanding? Yes No If yes, amount owed: \$ _____

Other Debt/Asset Information:

Home Purchase Price \$ _____ Year Purchased _____ Unpaid Mortgage Balance \$ _____

Monthly Mortgage Payment \$ _____ Taxes/Insurance Included? ___ Yes ___ No

FINANCIAL WELL BEING SURVEY

Please fill out this brief questionnaire to help us serve our borrowers as effectively as possible! Be honest; your answers do not affect your loan application—they are simply for data tracking.

The first two questions refer to a scale of 1 to 5, with 1 being the lowest and 5 being the highest.

1. Circle how stressed you are about your personal finances:

1 2 3 4 5

2. Circle the level of knowledge you feel that you have in regards to personal finances:

1 2 3 4 5

3. Do you currently have a savings account? _____

4. Do you make regular deposits into your savings account? _____

5. Do you regularly check your credit report/score? _____

6. Do you know what your credit score is right now? (Do not indicate what it is.) _____

7. Do you have any financial goals? What are they? _____

Applicant Signature _____ Date _____

Co-Applicant Signature (if applicable) _____ Date _____



Privacy and Disclosures

The information in this application is for the purpose of obtaining credit and you are warranting and representing that it is true and correct. In signing this document, any borrower, cosigner, or guarantor agrees to pay all bills upon receipt or statement or as otherwise expressly agreed.

By submitting this application, you authorize HFLA of Northeast Ohio (HFLA) to obtain credit reports in connection with this application, modification of any loan received, or as needed, by HFLA. Upon request, we will advise you of the name and address of any agency furnishing the report. You, the borrower and any co-borrower, also authorize anyone named in this application or referenced on any credit report (including any co-signers, guarantors, employers or references) to verify any information given in this application or on the credit report.

HFLA collects nonpublic personal information about you, the borrower and any co-borrower, co-signer(s), or guarantor(s). We restrict access to your personal information to process the loan application and collect loan payments. We maintain procedural, physical and electronic safeguards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you to anyone, except as permitted or required by law. We will continue to adhere to the privacy policies and practices as described in this notice even after you satisfy your loan obligation to us. Your confidence in us is important and we want you to know that your personal information is protected. If you have any questions or concerns, please contact us.

Through Credit Builder's Alliance, HFLA is able assist its borrowers build a positive credit history, by offering you the option of having your loan payments reported to the credit bureaus. We can also provide referrals to various nonprofits that offer free credit counseling. It is important to note that if you default on your loan, it will be reported as a delinquent account on your, your co-borrower's, and guarantor(s)/cosigner(s)' credit reports, regardless of your participation in the credit building program.

By signing this form, you certify that the information you provide in the application is true, and that you agree with HFLA's aforementioned policies.

Applicant Signature _____ **Date** _____

Co-Applicant Signature (if applicable) _____ **Date** _____



Guarantor acknowledgement of responsibility

The HFLA is considering an application for _____
for an interest free loan for which you will sign a guaranty. If the loan is approved, it will be conditioned on your responsibility to repay any part of the debt if it is not paid by the borrower.

Please complete all the forms below and sign and return a copy of this letter as evidence of your understanding of your responsibility for this obligation. You must include with the forms your **most recent 1040 and most recent Paystub.**

Printed Name: _____

Signature: _____

Date: _____

Required Documentation from guarantor:

Document	Included
Guarantor application form	
Guarantor budget form	
1040 or tax transcript	
Current paystub or proof of income (ex: Award Letter)	
Signed letter of acknowledgement	



23300 Chagrin Blvd. Suite 204, Beachwood, OH 44122
T: 216-378-9042 | F: 216-378-9007 | team@hflaclev.org

Guarantor Application				Application No.: _____ (for office use only)	
Name of loan applicant: _____					
Guarantor's Last Name		First Name	Date of Birth (DD/MM/YY)	Social Security #	Driver's License #
Previous Name(s) if Applicable _____					
Address _____			City _____	Postal (Zip) Code _____	
Previous Address _____					
No. of years at this address	No. of years in Ohio	No. of Years at previous address	Home Phone	Cell Phone	Email
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Spouse/partner					
Household (HH) Type: <input type="checkbox"/> 2 Parent HH <input type="checkbox"/> Single Parent HH <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more adults					
Dependents (Age & Gender) _____ M/F _____ M/F _____ M/F _____ M/F _____ M/F _____ M/F					
Guarantor's Occupation _____		Employer _____		Phone No. _____	
Address _____			Monthly Gross Salary _____	How long at this job? _____	
Spouse's Occupation _____		Employer _____		Phone No. _____	
Address _____			Monthly Gross Salary _____	How long at this job? _____	
Financial Statement					
Do you receive any additional sources of income (Social Security, Pension, Child Support/Alimony, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, enter the type and amount received for any income sources checked: _____					
Frequency of Payment (weekly, biweekly, monthly, etc.): _____					
Home Purchase Price \$ _____ Year Purchased _____ Current Value \$ _____					
Unpaid Mortgage Balance \$ _____ Mortgage Servicer? _____					
Monthly Mortgage Payment \$ _____ Taxes/Insurance Included? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not included: Tax Payment \$ _____ Insurance Payment \$ _____					
Monthly rent \$ _____ Term of lease _____ Name of Landlord: _____					
Vehicle 1 _____ Model _____ Make _____ Year _____					
Balance of loan \$ _____ Monthly payments \$ _____ With which institution? _____					
Vehicle 2 _____ Model _____ Make _____ Year _____					
Balance of Loan \$ _____ Monthly payments \$ _____ With which institution? _____					
Cash & Investment Assets (e.g. stocks, cash, investments) _____					
Other Assets (e.g. vacation property) _____					
Assets in Other countries (include all details) _____					
Other loans/debts:					
<input type="checkbox"/> Student Loan(s) Amount Owed: _____ <input type="checkbox"/> Line of Credit Amount Owed: _____ <input type="checkbox"/> Credit Card 1 Amount Owed: _____					
<input type="checkbox"/> Credit Card 2 Amount Owed: _____ <input type="checkbox"/> Other (Please describe) _____					
Relationship to Applicant: <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other (specify): _____					
The above information is for the purpose of obtaining credit and is warranted to be true. I/we agree to pay all bills upon receipt or statement or as otherwise expressly agreed. I/we hereby authorize the person of firm to whom this application is made, any credit bureau or other investigative agency employed by such person to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.					
I/WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT					
Guarantor Signature: _____				Date: _____	



HFLA FINANCIAL QUESTIONNAIRE

Guarantor Name: _____

MONTHLY INCOME	GUARANTOR	SPOUSE/PARTNER	NOTES
Salary / Commission	\$	\$	
Soc Sec / Disability / Workers Comp	\$	\$	
Retirement / Pension Benefits	\$	\$	
Child Support / Alimony	\$	\$	
Other Income	\$	\$	
TOTAL MONTHLY HOUSEHOLD INCOME	\$ <input type="checkbox"/> Gross <input type="checkbox"/> Net		

	HOUSEHOLD EXPENSES	MONTHLY PAYMENT	AMOUNTS PAST DUE	BALANCE	NOTES (Explain any past due amounts)
HOUSING	Rent	\$	\$	\$	
	Mortgage (Primary)	\$	\$	\$	
	Tax Escrow? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Property Taxes (if no tax escrow)	\$	\$	\$	
	Home Insurance (if no tax escrow)	\$	\$	\$	
	2nd Mortgage / Home Equity Loan	\$	\$	\$	
	Association Fees/Dues	\$	\$	\$	
AUTO	Car Payment(s)	\$	\$	\$	
	Car Maintenance/Repair	\$	\$	\$	
	Car Insurance	\$	\$	\$	
	Gasoline	\$	\$	\$	
MEDICAL	Health Insurance Premiums	\$	\$	\$	
	Medical Bills	\$	\$	\$	
BASICS	Home Phone / Cell Phone	\$	\$	\$	
	Internet / Cable TV	\$	\$	\$	
	Utilities	\$	\$	\$	
	Food	\$	\$	\$	
	Child Care/Tuition	\$	\$	\$	
UNSECURED	Credit Cards	\$	\$	\$	
	Loans from friends/relatives	\$	\$	\$	
	Loans from banks/credit unions	\$	\$	\$	
	Student Loans	\$	\$	\$	
OTHER TAXES	Income Taxes	\$	\$	\$	
	Property Taxes (real estate, etc.)	\$	\$	\$	
	Business Taxes	\$	\$	\$	
	Other Expenses	\$	\$	\$	
TOTAL MONTHLY HOUSEHOLD EXPENSES		\$	\$		



HFLA FINANCIAL QUESTIONNAIRE

TAX ISSUES

Do you or your spouse/partner have any un-filed tax returns? Yes No If Yes, please explain below

Do you or your spouse/partner owe any amounts for taxes? Yes No If Yes, for which year(s)? _____

Amount(s) owed: \$ _____ Have you established a payment plan? Yes No

Please explain: _____

LEGAL ISSUES

Are you or your spouse/partner being sued by anyone? Yes No If Yes, please explain below

Amount: \$ _____ Reason: _____

Are you in the process of or planning to file for divorce? Yes No

Please explain: _____

BANKRUPTCY FILING

Have you or your spouse filed for bankruptcy in the past? Yes No

If Yes, Type of Bankruptcy Filed: _____ Year Filed: _____

Are you or your spouse/partner in the process of or planning to file for bankruptcy? Yes No

Please explain: _____

Guarantor Signature _____ **Date** _____



Privacy and Disclosures

The information in this application is for the purpose of obtaining credit and you are warranting and representing that it is true and correct. In signing this document, any borrower, cosigner, or guarantor agrees to pay all bills upon receipt or statement or as otherwise expressly agreed.

By submitting this application, you authorize HFLA of Northeast Ohio (HFLA) to obtain credit reports in connection with this application, modification of any loan received, or as needed, by HFLA. Upon request, we will advise you of the name and address of any agency furnishing the report. You, the borrower and any co-borrower, also authorize anyone named in this application or referenced on any credit report (including any co-signers, guarantors, employers or references) to verify any information given in this application or on the credit report.

HFLA collects nonpublic personal information about you, the borrower and any co-borrower, co-signer(s), or guarantor(s). We restrict access to your personal information to process the loan application and collect loan payments. We maintain procedural, physical and electronic safeguards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you to anyone, except as permitted or required by law. We will continue to adhere to the privacy policies and practices as described in this notice even after you satisfy your loan obligation to us. Your confidence in us is important and we want you to know that your personal information is protected. If you have any questions or concerns, please contact us.

Through Credit Builder’s Alliance, HFLA is able assist its borrowers build a positive credit history, by offering you the option of having your loan payments reported to the credit bureaus. We can also provide referrals to various nonprofits that offer free credit counseling. It is important to note that if you default on your loan, it will be reported as a delinquent account on your, your co-borrower’s, and guarantor(s)/cosigner(s)’ credit reports, regardless of your participation in the credit building program.

By signing this form, you certify that the information you provide in the application is true, and that you agree with HFLA’s aforementioned policies.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____